

R. Scott Waddell, Commissioner

# ABANDONED WATERCRAFT TITLE APPLICATION CHECKLIST

A marina operator may sell a watercraft that has been left without permission at the marina for more than six (6) months may recover the operator's reasonable maintenance, repair, dockage, storage, and other charges if the conditions as outlined in IC 32-34-10 are met.

	s if the conditions as outlined in IC 32-34-10 are met.
	ulfilling statutory obligations, the owner may complete the Affidavit of Sale– Abandoned Watercraft form 50634 to assign ownership to a purchaser without a certificate of title.
When	submitting paperwork, include the following:
	Completed and signed Application for Certificate of Watercraft Title – State Form 38529
	Affidavit of Sale or Disposal – Abandoned Watercraft State Form 50634
	Physical Inspection of a Vehicle or Watercraft – State Form 39530. Must be completed by a law enforcement officer.
	Lien release, if necessary. A certified letter to the lien holder may serve as proof of lien release, if applicable.
	Proof of Indiana Residency. Examples include an Indiana driver's license or ID card, utility bill dated with past sixty (60) days, USPS change of address confirmation, W-2, etc. Visit mybmv.com for a complete list of acceptable documents.
	\$15 title application fee and 7% sales tax (if applicable). Payable by credit card (MasterCard or Visa), check, electronic check, or money order. A \$20.00 delinquent fee will be assessed on packets received 31 days after the purchase date listed on State Form 50634. Sales tax is 7% of the <a href="mailto:purchase price">purchase price</a> indicated on State Form 50634.
applica	ureau of Motor Vehicles determines that sufficient credible evidence exists to substantiate the nt's claim of ownership, a title will be issued. For your convenience, the required forms are d with this checklist. The forms are also available at <b>myBMV.com</b> . Mail the completed packet to:
	Central Office Title Processing 100 North Senate Avenue, Room N411 Indianapolis, IN 46204
below.	Include this checklist on the top of your application with contact information provided  If all required documents are not submitted or information is incomplete the entire ation will be returned.
Print N	ame
Phone	Number Email (optional)

#### APPLICATION FOR CERTIFICATE OF WATERCRAFT TITLE ● BUREAU OF MOTOR VEHICLES WATERCRAFT TITLES SECTION State Form 38529 (R6 / 4-02)

Approved by State Board of Accounts 2002

TO BE FILLED OUT BY A POLICE OFFICER FOR OUT OF STATE TITLES, I HEREBY CERTIFY THAT I PERSONALLY EXAMINED THE FOLLOWING WATERCRAFT AND FIND THE IDENTIFICATION NUMBER TO BE AS FOLLOWS (MUST BE HANDWRITTEN): Year Make Hull identification number Registration number Signature of officer Officer's title Police agency Badge no. Date The undersigned new owner(s) do(es) hereby swear or affirm that the information below is true, complete and correct. We understand that a false statement may constitute the crime of perjury. Signature of owner Date signed Signature of owner Date signed The law requires that you apply for Certificate of Title within thirty-one days of purchase of motorboat. There is a delinquent penalty for failure to do so. Attach Certificate of Title assigned by seller (or other legal evidence that the Title should be issued). On endorsed Titles, liens must be released. Supporting documents surrendered with the application cannot be returned to the applicant. Documents not received in 60 days, contact the Watercraft/Title Section at 317/233-6000. Branch Invoice BMV use Title number Former title number Registration number Purch./Comp. date Make of watercraft Model name and number Hull identification number Length Model year Hull material Use Propulsion Fuel Boat type Social Security/Federal ID number \* WFRS Owner's county of residence Horsepower Street address Name of owner City First lien's name Street address State BMV use only 7IP code City Street address Second lien's name State Dealer number Transaction number City GROSS RETAIL & USE TAX AFFIDAVIT-I (WE) HEREBY CERTIFY THAT SALES OR USE TAX ON THIS WATERCRAFT WAS PAID AS INDICATED BELOW. Less trade-in \* Amount subject to tax Amount of tax Dealer Exempt | If exempt place Selling price Branch NOTE: If additional liens are evidenced in this ownership, please state such on an additional attachment before signing this application. Required by IC 4-1-8-1. Application cannot be processed without it.

DISTRIBUTION: White - BMV, Pink - BMV Branch, Canary - Applicant



AFFIDAVIT OF SALE – ABANDONED WATERCRAFT
State Form 50634 (R / 11-11)
Approved by State Board of Accounts, 2011
INDIANA BUREAU OF MOTOR VEHICLES

#### **BUREAU OF MOTOR VEHICLES**

100 North Senate Avenue, N411 Indianapolis, IN 46204

WATERCRAFT INFORMATION																		
Identification Number								Year	Make	e	Model	Length (feet	and inches)					
Fuel Hull Material Propulsion Registration Number																		
	SELLE	ER INF	ORM	ATION			PURCHASER INFORMATION											
Marina Name (last, first, middle initial or company name)									st, first	, middle initial or compa	ny name)							
Address (number and stree						Address (number and street)												
City			State	ZIP	Code	City	City State ZIP Code											
Length of time watercraft left on marina property without permission									Purchase Date (mm/dd/yyyy)									
Expenses incurred, including expense of the sale									Amount of Winning Bid (enter "0" if donation)									
I certify that I have met all requirements as outlined in IC 32-34-10 have been met. I understand making a false statement may constitute the crime of perjury.									I swear or affirm that the total sale price of the above mentioned watercraft represents the true amount collected for the sale. I understand making a false statement may constitute the crime of perjury.									
Signature						Signature	•											
Printed Name			Date	e (mm/d	ld/yyyy)	Printed N	ame			Date (mm	/dd/yyyy)							



### PHYSICAL INSPECTION OF A VEHICLE OR WATERCRAFT

State Form 39530 (R5 / 12-11) Approved by State Board of Accounts, 2011 INDIANA BUREAU OF MOTOR VEHICLES

#### INSTRUCTIONS:

- 1. Approved inspector must complete information in blue or black ink or print form.
- 2. The vehicle identification number (VIN) or hull identification number (HIN) must be inspected to verify the existence and condition of the number. An ownership document is not required to be submitted for inspection.
- 3. Inspections may be performed by an employee of a dealer designated by the Indiana Secretary of State, a military policeman assigned to a military post in Indiana, a police officer, or a designated employee of a BMV full or partial service license branch.
- 4. Police officers completing this form may not charge a fee of more than \$5.00 for vehicles. No fee may be collected for watercraft inspections. Authorized Indiana dealers and BMV full or partial service license branches may not assess a fee.
- 5. Dealers may not perform watercraft inspections.

OWNER INFORMATION																								
Name (last, first, middle initial or company name																								
Address (symbol and store)																								
Address (number and street)																								
City	City															State			ZIP Code					
VEHICLE OR WATERCRAFT INFORMATION																								
Identification Number NON													NE (sel	(select if no identification number found)										
Year		Make			Mod	del			Туре			Plate Nu	mber /	/ Stat	е		N N	/atercraf lumber, i	ft Registration	on				
		ed vehicle	es or wa	atercr	aft	include	serial n	umb	ers f	or ma	jor com	ponent p	oarts	if p	resent	:								
Engine /	Engine / Motor Transmission																							
Body Ch	assis									Fro	ont Assemb	oly												
Rear Cli	р									Fra	Frame													
Other (specify):																								
*IDAC	S/NC	IC Check	(require	d if foi	rm i	is compl	leted by	a poli	ice of	ficer)														
Date Ch	eck Perf	ormed (mm/a	ld/yyyy)	Comr	ment	ts																		
		firm that the crime o			on I	l have e	ntered o	on thi	is for	m is o	correct.	I unders	stand	d ma	aking a	false	sta	ateme	nt may					
Signatur	e of Insp	ector					Printed	Name	)				Т	itle					Date (mm/dd/yyyy)					
Badge /	Branch /	Dealer Numl	ber				Police I	Depart	ment /	Branch	Branch / Dealership								ZIP Code					
Telepho		er					Email A	Addres	S															
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## Payment Information

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